

STATE OF WASHINGTON DIVISION OF CHILD SUPPORT (DCS)

INVOICE VOUCHER

AGENCY NAME DSHS - DIVISION OF CHILD SUPPORT								AGENCY USE ONLY AGENCY NO LOCATION CODE PR OR AUTH NO					
ATTN: ACCOUNTS PAYABLE PO BOX 9162 OLYMPIA WA 98507-9162 VENDOR OR CLAIMANT(WARRANT IS TO BE PAYABLE TO)								INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item. Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veteran's status. BY: (SIGN IN INK)					
							PHONE		,		DATE		
DATE (BIRTI		CHILD'S FULL NAME						DATE OF BIRTH CHILD'S FULL NAME			NAME		
TOTAL QUANTITY FOR PAYMENT:							X \$ 20.0	00 =	\$			(TOTAL DUE)	
CURRENT DOC NUMBER VENDOR NUMBER AGENCY APP							JSE ONLY ROVAL						
TRANS CODE	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOS		AMOUNT		INVOICE NUMBER	
ACCOUNTING APPROVAL FOR PAYMENT DATE							V	WARRANT TOTAL					